NO. OF COPIES RECI	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BBOBATION OF	İ		

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
FILE		AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
OIL				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE Operator				
Stativ Oil Company				
Address				
Box 230, H bbs, Ne				
Reason(s) for filing (Check proper		Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Ga	s [
Change in Ownership	Casinghead Gas Conden	Thence be to be	សម្រេ ក្ ទី ខែមិន ខេស្	
			`	
If change of ownership give nam and address of previous owner _	e Sall incommit known av			
·	DEFENDE	Dow "B" Well No.	92	
II. DESCRIPTION OF WELL AN	Well No. Pool Name, Including Fo	crmation Kind of Le	ase Lease No.	
Skelty Unit	93 Gr yanga 790 (3	State, Fede	eral or Fee	
Location				
Unit Letter ;	1980 Feet From The North Lin	te and 1980 Feet From	m. The West	
line of Section 28	Township Range	្សា , NMPM,	County	
Line of Section 48	rownshipge	7,700,00		
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	is		
Name of Authorized Transporter of Texas - New Marie	Oil or Condensate	Address (Give address to which app	proved copy of this form is to be sent)	
Name of Authorized Transporter of		Address (Give address to which app	proved copy of this form is to be sent)	
Skelly 011 Company	/ - Mai zan Plac	For 1130 - Eunice, Ne	w Marileo	
	Unit Sec. Twp. Rge.	, is gas actually commontal.	When	
If well produces oil or liquids, give location of tanks.	H 28 175 512		June 1, 1960	
If this production is commingled	with that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Gil Well Gas Well	New Well Workover Deeper.	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Compl				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Turing Depth	
Perforations			Depth Casing Shoe	
7 6.16.2.1.6.1.2				
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load	oil and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run To lanks	Date of Yest		,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gd8 - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		1-2		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	ANGE.	OII CONSED	VATION COMMISSION	
VI. CERTIFICATE OF COMPL	ANCE		and the second s	
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED	19, 19	
Complete book book compli	ed with and that the information given the best of my knowledge and belief.	BY 10 4 8	west	
_				
1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ø	li .		
		This form is to be filed	in compliance with RULE 1104.	
	Signature)	It while form must be secon	llowable for a newly drilled or deepened npanied by a tabulation of the deviation	
,	Jognick W € /	tests taken on the well in ac	cordance with RULE 111. must be filled out completely for allow	
	(Title)	All sections of this form able on new and recompleted	wells.	

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.